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| | | | | o chocumous to discount at the stand | aliyla |
|---|-----------------------|--|--|--|------------------------------------|
| Fill in this i | nformation to ide | ntify your case: | | a document in documed filed on a | Y / /// pursuant |
| Debtor 1 | Robert | E | Malke | | s the transfer of the Elevin |
| Debtor 2 | First Name | Middle Name | Last Name | | |
| (Spouse, if filing | g) First Name | Middle Name | Last Name | - | |
| United States | Bankruptcy Court for | the: Middle District of Flo | rida | | |
| Case number | 8:16-bk-0844 | I6-KRM | | | Check if this is an amended filing |
| | (II NIOMI) | | | | amonded iming |
| | Form 106S | | | ertain Statistical Info | rmation 12/15 |
| Be as compl information. your origina | lete and accurate | as possible. If two marri r schedules first; then co fill out a new <i>Summary</i> | ed people are filing toget | her, both are equally responsible for an only this form. If you are filing amended | supplying correct |
| | | | | | V |
| | | | | | Your assets Value of what you own |
| 1 Schedule | A/B: Property (Offi | cial Form 106A/B) | | | · |
| | | | | | \$ <u>1,700,000.00</u> |
| 1b. Copy | line 62, Total perso | onal property, from Schede | ule A/B | | \$ 21,708.00 |
| 1c. Copy | line 63, Total of all | property on Schedule A/E | } | | \$_1,721,708.00 |
| Part 2: | Summarize You | Liabilities | | | |
| | | | | | Your liabilities Amount you owe |
| | | | Property (Official Form 106 claim, at the bottom of the la | D) ast page of Part 1 of <i>Schedule D</i> | \$454,873.00 |
| 3. Schedule | E/F: Creditors Wh | o Have Unsecured Claims | s (Official Form 106E/F) | | 0.00 |
| | | | • | chedule E/F | \$0.00 |
| зь. Сору | the total claims from | m Part 2 (nonpriority unse | cured claims) from line 6j o | of Schedule E/F | + \$1,106.13 |
| | | | | Your total liabilities | \$ 455,979.13 |
| Part 3: | Summarize You | r income and Expens | es | | <u> </u> |
| 4 Cobodula | e I: Your Income (O | fficial Form 106I) | | | |
| | | | Schedule I | | \$\$ |
| 5 Schedule | J: Your Expenses | (Official Form 106J) | | | s 1,635.00 |

Copy your monthly expenses from line 22c of Schedule J

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| Debtor 1 | Robert First Name | Middle Name Last Name | Malke | Case number (if known) 8:16-b | k-08446-KRM |
|------------------------|---|--|---|---|------------------|
| Part 4: | Answer Thes | e Questions for Admi | inistrative and Statistical Re | cords | |
| 6. Are y | ou filing for bank | ruptcy under Chapters 7 | 7, 11, or 13? | | |
| □ ∧ | lo. You have nothin 'es | g to report on this part of | the form. Check this box and submi | t this form to the court with your | other schedules. |
| 7. What | kind of debt do y | ou have? | | | |
| ☐ Y fa | our debts are pri namily, or household | narily consumer debts. (purpose." 11 U.S.C. § 10 | Consumer debts are those "incurred 1(8). Fill out lines 8-9g for statistical | by an individual primarily for a purposes. 28 U.S.C. § 159. | personal, |
| ☑ γ th | our debts are not nis form to the court | primarily consumer deb with your other schedules | ts. You have nothing to report on the s. | nis part of the form. Check this b | oox and submit |
| 8. From Form | the Statement of 122A-1 Line 11; O | Your Current Monthly In R, Form 122B Line 11; OI | ncome: Copy your total cument mor R, Form 122C-1 Line 14. | thly income from Official | \$ |
| 9. Copy | the following spe | cial categories of claims | from Part 4, line 6 of Schedule E | 5/ F : | |
| | | | | Total claim | |
| Fro | m Part 4 on Sched | <i>lule E/F</i> , copy the follow | ing: | | |
| 9a. De | omestic support obl | ligations (Copy line 6a.) | | \$0. | 00 |
| 9b. Ta | axes and certain oth | ner debts you owe the gov | rernment. (Copy line 6b.) | s0. | 00 |
| 9c. Cl | aims for death or po | ersonal injury while you w | ere intoxicated. (Copy line 6c.) | \$0. | 00 |
| 9d. St | udent loans. (Copy | line 6f.) | , | s0. | 00 |
| 9e. Ot pri | oligations arising ou iority claims. (Copy | it of a separation agreeme line 6g.) | ent or divorce that you did not repor | t as \$0. | 00 |
| 9f. De | ebts to pension or p | rofit-sharing plans, and ot | her similar debts. (Copy line 6h.) | + \$0. | 00 |

9g. Total. Add lines 9a through 9f.

0.00

| Fill in thi | is information to identify your case and th | is filing: | | |
|---|---|--|--|--|
| Debtes 4 | Robert E | Malke | | |
| Debtor 1 | First Name Middle Name | Last Name | | |
| Debtor 2 (Spouse, if f | filing) First Name Middle Name | Lest Name | | |
| United Sta | ates Bankruptcy Court for the: Middle District of F | Florida | | |
| Case num | 8:16-bk-08446-KRM | | _ | _ |
| | | | Ę | Check if this is an amended filing |
| Off:-: | :-! F 400A/D | | | amended ming |
| *************************************** | ial Form 106A/B | | | |
| Sch | edule A/B: Propert | t y | | 12/15 |
| respons | y where you think it fits best. Be as comp ible for supplying correct information. If n ur name and case number (if known). Ans | ns. List an asset only once. If an asset fits in more lete and accurate as possible. If two married peopl nore space is needed, attach a separate sheet to th wer every question. , Land, or Other Real Estate You Own or Ha | e are filing together, boils form. On the top of a | th are equally |
| 1. Do you | u own or have any legal or equitable inter | est in any residence, building, land, or similar prop | ertv? | |
| | o. Go to Part 2. | , and, and and an array of the second of the | ··· · · · | |
| ☑ Ye | es. Where is the property? | | | |
| | | What is the property? Check all that apply. Single-family home | Do not deduct secured clause the amount of any secure | aims or exemptions. Put |
| 1.1. | 316 Bluff View Drive Street address, if available, or other description | Duplex or multi-unit building | Creditors Who Have Clair | |
| | Street address, if available, or other description | Condominium or cooperative | Current value of the | Current value of the |
| | | | entire property? s 1,700,000.00 | portion you own? \$ 1,700,000.00 |
| | Belleair Bluffs FL 33770 | Investment property | \$ 1,700,000.00 | \$_1,700,000.00 |
| | Belleair Bluffs FL 33770 City State ZIP Code | Timeshare Other | Describe the nature of interest (such as fee the entireties, or a life | simple, tenancy by |
| | | Who has an interest in the property? Check one. | fee simple | |
| | Pinellas | Debtor 1 only | | |
| | County | Debtor 2 only Debtor 1 and Debtor 2 only | Check if this is co | mmunity property |
| | | At least one of the debtors and another | (see instructions) | |
| | | Other information you wish to add about this it property identification number: | em, such as local | |
| If you | own or have more than one, list here: | property rectamonation number. | | |
| | | What is the property? Check all that apply. | Do not deduct secured cla | aims or exemptions. Put |
| 1.2. | | □ Single-family home □ Duplex or multi-unit building | the amount of any secure Creditors Who Have Clair | d claims on Schedule D: |
| | Street address, if available, or other description | Condominium or cooperative | | |
| | | Manufactured or mobile home | Current value of the entire property? | portion you own? |
| • | | Land | \$ | \$ |
| | | ☐ Investment property ☐ Timeshare | Describe the nature of | of your ownership |
| | City State ZIP Code | Other | interest (such as fee the entireties, or a life | simple, tenancy by estate), if known. |
| | | Who has an interest in the property? Check one. | | |
| | | Debtor 1 only | | |
| i | County | Debtor 2 only Debtor 1 and Debtor 2 only | Check Marie | |
| | | At least one of the debtors and another | Check if this is co (see instructions) | mmunity property |
| | | Other information you wish to add about this iter property identification number: | m, such as local | |

Official Form 106A/B

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| Debtor 1 | Robert | <u>E</u> | Malke | Case number (if kno | _{wn)} 8:16-bk-08446-l | KRM |
|-------------|----------------------------|---|--|-------------------------------------|---|---|
| | First Name Midd | le Name Last Name | | | | |
| 1.3. | | | What is the property? Check all that a Single-family home | apply. | Do not deduct secured cla the amount of any secure Creditors Who Have Clair | d claims on Schedule D: |
| | Street address, if availab | le, or other description | Duplex or multi-unit building Condominium or cooperative | | Current value of the entire property? | |
| | | | ☐ Manufactured or mobile home ☐ Land | | \$ | \$ |
| | | | Investment property | | * | · |
| | City | State ZIP Code | ☐ Timeshare | | Describe the nature of | |
| | | | Other | | interest (such as fee the entireties, or a life | simple, tenancy by |
| | | | Who has an interest in the property | v? Check one | | o country, ii known. |
| | | | Debtor 1 only | y r oncon onc. | | |
| | County | | Debtor 2 only | | | |
| | | | Debtor 1 and Debtor 2 only | | ☐ Check if this is co | mmunity property |
| | | | At least one of the debtors and anoth | her | (see instructions) | |
| | | | Other information you wish to add property identification number: | about this iten | n, such as local | |
| | | | Il of your entries from Part 1, includin | | | s 1,700,000.00 |
| | | | | | | |
| | | | | | | |
| Part 2: | Describe Your | | | | | |
| you own | that someone else drive | gal or equitable intereses. If you lease a vehicles, sport utility vehicles | et in any vehicles, whether they are re e, also report it on Schedule G: Executo , motorcycles | egistered or no ory Contracts ar | ot? Include any vehicles ad Unexpired Leases. | 3 |
| ☑ Ye | - | | | | | |
| | Males | Ford | Who has an interest in the property | 2 Chaok ana | _ | |
| 3.1. | Make: | Excursion | Debtor 1 only | | Do not deduct secured cla the amount of any secured | ims or exemptions. Put d claims on Schedule D: |
| | Model: | | Debtor 2 only | | Creditors Who Have Clain | |
| | Year: | 2000 | Debtor 1 and Debtor 2 only | | Current value of the | Current value of the |
| | Approximate mileage: | 328,000 | At least one of the debtors and anoth | ner | entire property? | portion you own? |
| | Other information: | | | | 500.00 | |
| | | | ☐ Check if this is community prop | erty (see | \$500.00 | \$500.00 |
| | | | instructions) | | | |
| lf vou | own or have more than | one, describe here | | | | |
| - | | Ford | Who has an interest in the property | 2 Chack and | _ | |
| 3.2. | Make: | Mustang | Debtor 1 only | | Do not deduct secured clai the amount of any secured | |
| | Model: | | Debtor 2 only | | Creditors Who Have Claim | |
| | Year: | 2005 | Debtor 1 and Debtor 2 only | | Current value of the | Current value of the |
| | Approximate mileage: | 135,000 | At least one of the debtors and anoth | ner | entire property? | portion you own? |
| | Other information: | | _ | | £ 000 00 | 2 500 00 |
| | | | ☐ Check if this is community proper instructions) | erty (see | \$5,000.00 | \$2,500.00 |

Official Form 106A/B

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Malke

Debtor 1

Case number (if known) 8:16-bk-08446-KRM

| r 1 | Robert | E | Malke Case num | nber (if known) 8:16-bk-08446-K | |
|---|---|-------------------|---|--|---|
| | First Name Middle | Name L | Last Name | | |
| _ | Make: | Ford | Who has an interest in the property? Check | | |
| 3. | Model: | F550 | Debtor 1 only | the amount of any secured Creditors Who Have Claim | |
| | Year: | 1999 | Debtor 2 only | Current value of the | Current value of the |
| | Approximate mileage: | 190,000 | Debtor 1 and Debtor 2 only | entire property? | portion you own? |
| | Other information: | | At least one of the debtors and another | | |
| | Other information. | | ☐ Check if this is community property (se instructions) | _{ee} \$ 5,000.00 | \$5,000.0 |
| 4. | Make: | Ford | Who has an interest in the property? Check | | |
| • | Model: | Bronco | Debtor 1 only | the amount of any secured Creditors Who Have Claim | |
| | Year: | 1979 | Debtor 2 only | Current value of the | Current value of the |
| | Approximate mileage: | 125000 | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | entire property? | portion you own? |
| | Other information: | | At least one of the debtors and another | 500.00 | 500.0 |
| | non operational | | Check if this is community property (se instructions) | ee \$500.00 | \$500.0 |
| | <i>aples:</i> Boats, trailers, mo o | | and other recreational vehicles, other vehicles, and watercraft, fishing vessels, snowmobiles, motorcycle ac | | |
| kan I N | <i>aples:</i> Boats, trailers, mo o | | watercraft, fishing vessels, snowmobiles, motorcycle ac Who has an interest in the property? Check | ccessories | |
| k <i>an</i> IN | oples: Boats, trailers, mo o es | | watercraft, fishing vessels, snowmobiles, motorcycle ac Who has an interest in the property? Check Debtor 1 only | ccessories k one. Do not deduct secured cla | d claims on <i>Śchedule D</i> |
| k <i>an</i> IN | oples: Boats, trailers, mo o es Make: | | watercraft, fishing vessels, snowmobiles, motorcycle ac Who has an interest in the property? Check Debtor 1 only Debtor 2 only | k one. Do not deduct secured cla the amount of any secured Creditors Who Have Claim | d claims on Śchedule D ns Secured by Property |
| k <i>an</i> IN | oples: Boats, trailers, mo o es Make: Model: | | watercraft, fishing vessels, snowmobiles, motorcycle ac Who has an interest in the property? Check Debtor 1 only | k one. Do not deduct secured cla | d claims on <i>Śchedule D</i> |
| k <i>an</i> IN | oples: Boats, trailers, mo o es Make: Model: Year: | | watercraft, fishing vessels, snowmobiles, motorcycle ac Who has an interest in the property? Check Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | k one. Do not deduct secured cla the amount of any secured Creditors Who Have Clain Current value of the entire property? | d claims on Schedule L ns Secured by Property Current value of |
| к <i>ат</i> 1 N 1 Y | oples: Boats, trailers, mo o es Make: Model: Year: | otors, personal v | watercraft, fishing vessels, snowmobiles, motorcycle ac Who has an interest in the property? Check Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see | k one. Do not deduct secured cla the amount of any secured Creditors Who Have Clain Current value of the entire property? | d claims on Schedule E ns Secured by Property Current value of t |
| you | oples: Boats, trailers, mo oes Make: Model: Year: Other information: | otors, personal v | watercraft, fishing vessels, snowmobiles, motorcycle ac Who has an interest in the property? Check Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see | k one. Do not deduct secured cla the amount of any secured Creditors Who Have Claim Current value of the entire property? ee \$ | d claims on Schedule L ns Secured by Property Current value of t portion you own? \$ |
| к <i>ат</i> 1 N 1 Y | pples: Boats, trailers, moo o es Make: Model: Year: Other information: own or have more than | n one, list here: | watercraft, fishing vessels, snowmobiles, motorcycle ac Who has an interest in the property? Check Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (se instructions) | k one. Do not deduct secured cla the amount of any secured Creditors Who Have Claim Current value of the entire property? ee \$ | d claims on Schedule L ns Secured by Property Current value of t portion you own? \$ |
| you | pples: Boats, trailers, moo es Make: Model: Year: Other information: own or have more than Make: Model: | n one, list here: | watercraft, fishing vessels, snowmobiles, motorcycle ac Who has an interest in the property? Check Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (se instructions) Who has an interest in the property? Check Debtor 1 only Debtor 2 only | k one. Do not deduct secured cla the amount of any securec Creditors Who Have Claim Current value of the entire property? ee \$ | d claims on Schedule Ens Secured by Property Current value of t portion you own? \$ |
| you | Make: Model: Own or have more than Make: Model: Year: | n one, list here: | watercraft, fishing vessels, snowmobiles, motorcycle ac Who has an interest in the property? Check Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (se instructions) Who has an interest in the property? Check Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | k one. Do not deduct secured cla the amount of any securec Creditors Who Have Claim Current value of the entire property? ee \$ | d claims on Schedule E ns Secured by Property Current value of t portion you own? \$ |
| you | pples: Boats, trailers, moo es Make: Model: Year: Other information: own or have more than Make: Model: | n one, list here: | watercraft, fishing vessels, snowmobiles, motorcycle ac Who has an interest in the property? Check Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (se instructions) Who has an interest in the property? Check Debtor 1 only Debtor 2 only | k one. Do not deduct secured cla the amount of any securec Creditors Who Have Claim Current value of the entire property? ee \$ the one. Do not deduct secured cla the amount of any securec Creditors Who Have Claim Current value of the | d claims on Schedule Ens Secured by Property Current value of t portion you own? \$ |
| you | Make: Model: Own or have more than Make: Model: Year: | n one, list here: | watercraft, fishing vessels, snowmobiles, motorcycle ac Who has an interest in the property? Check Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (se instructions) Who has an interest in the property? Check Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | k one. Do not deduct secured cla the amount of any secured Creditors Who Have Claim Current value of the entire property? ee \$ bk one. Do not deduct secured cla the amount of any secured Creditors Who Have Claim Current value of the entire property? | d claims on Schedule Ins Secured by Property Current value of portion you own? \$ |
| (am N N Y | Make: Model: Own or have more than Make: Model: Year: | n one, list here: | Who has an interest in the property? Check Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (se instructions) Who has an interest in the property? Check Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this is community property (se | k one. Do not deduct secured cla the amount of any secured Creditors Who Have Claim Current value of the entire property? ee \$ bk one. Do not deduct secured cla the amount of any secured Creditors Who Have Claim Current value of the entire property? | d claims on Schedule II ns Secured by Property Current value of a portion you own? \$ |

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Debtor 1

Robert

Malke

Case number (if known) 8:16-bk-08446-KRM

Part 3: Describe Your Personal and Household Items

| Do | you own or have any legal or equitable interest in any of the following items? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|----|---|--|
| 6. | Household goods and furnishings | |
| | Examples: Major appliances, furniture, linens, china, kitchenware | |
| | No Yes. Describe | \$ |
| | | |
| 7. | Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games | |
| | □ No ☑ Yes. Describe computer, cell phone, stereo, TV | \$150.00 |
| 8. | Collectibles of value | |
| | Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles | |
| | No Describe | s 100.00 |
| | ☑ Yes. Describe Books and CDs | \$ |
| 9. | Equipment for sports and hobbies | · · · · · · |
| | Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments | |
| | □ No | |
| | Yes. Describebicycle, weight equipment, tools | \$ 175.00 |
| | ting to the state of the state | |
| 10 | Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ✓ No | |
| | Yes. Describe | \$ |
| | | |
| 11 | Clothes | |
| | Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories | |
| | □ No □ Yes. Describe Everyday clothing | s 75.00 |
| | Everyday clothing | \$ |
| | | |
| 12 | Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver | |
| | □ No (1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1. | |
| | Yes. Describewedding ring | \$100.00 |
| 13 | . Non-farm animals | |
| | Examples: Dogs, cats, birds, horses | |
| | 2 No | |
| | Yes. Describe | \$ |
| 14 | Any other personal and household items you did not already list, including any health aids you did not list | |
| | ☑ No | |
| | Yes. Give specific information | \$ |
| 15 | . Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached | \$ 600.00 |
| ĺ | for Part 3. Write that number here | ₹ 600.00 |

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Debtor 1 Robert E Malke Case number (if known) 8:16-bk-08446-KRM

| Do you own or have ar | ny legal or equitable interest in | any of the following? | | portion | value of the you own? duct secured claims ions. |
|---|--|--|---------------------------------------|-----------|---|
| 16. Cash <i>Examples:</i> Money yo | u have in your wallet, in your ho | ne, in a safe deposit box, and on hand when you file yo | our petition | | |
| □ No | | | | | |
| | | Cas | h: | \$ | 10,000.00 |
| 17. Deposits of money Examples: Checking, and other | , savings, or other financial acco similar institutions. If you have n | unts; certificates of deposit; shares in credit unions, bro nultiple accounts with the same institution, list each. | kerage houses, | | |
| 2 Yes | | Institution name: | | | |
| | 17.1. Checking account: | Suntrust | | \$ | 433.00 |
| | 17.2. Checking account: | | | \$ | |
| v. | 17.3. Savings account: | | | | |
| | 17.4. Savings account: | | | \$ | |
| | 17.5. Certificates of deposit: | | | \$ | A. (* |
| | 17.6. Other financial account: | suntrust secured savings account | | \$ | F00.00 |
| | | | · · · · · · · · · · · · · · · · · · · | \$ | 500.00 |
| | 17.7. Other financial account: | | | \$ | |
| | 17.8. Other financial account: | | | \$ | |
| | 17.9. Other financial account: | | | \$ | |
| | s, or publicly traded stocks s, investment accounts with broke Institution or issuer name: | erage firms, money market accounts | | \$ \$ | |
| | | | | \$ | |
| an LLC, partnership, | stock and interests in incorpor and joint venture | rated and unincorporated businesses, including an | interest in | | |
| ☐ No ☑ Yes. Give specific | Name of entity: | | ownership: | | |
| information about | Gulfstream Motorsport | | | \$ | 0.00 |
| them | (Debtor's company) | 0% | % | \$ | |
| | | NV. | | | |

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Ε

| Debtor 1 | | E | Malke | Case number (if known) 8:16-bk-084 | 146-KRM |
|-------------------|---|---------------------------------------|--|--|----------|
| | First Name | Middle Name | Last Name | And the second s | |
| | | | | | |
| | | | ther negotiable and non-negotiable | | |
| Nego Non- | otiable instruments -negotiable instrume | include personal chants are those you | ecks, cashiers' checks, promissory n cannot transfer to someone by signin | otes, and money orders. g or delivering them. | |
| Z N | | | | | • |
| ir | es. Give specific of the control of | Issuer name: | | | \$ |
| u | iem | | | | |
| | | | | | \$ |
| | | | | | Ψ |
| 21. Retir | rement or pension | accounts | | | |
| | | RA, ERISA, Keogh, | 401(k), 403(b), thrift savings account | ts, or other pension or profit-sharing plans | |
| Ø N | | | | | |
| | es. List each eccount separately. | Type of account: | Institution name: | | |
| | | 401(k) or similar pla | n: | | \$ |
| | | Pension plan: | | | \$ |
| | | IRA: | | | \$ |
| | | Retirement account | | | \$ |
| | | Keogh: | | | \$ |
| | | Additional account: | | | \$ |
| | | Additional account: | | | Ψ |
| | | Additional account. | | | \$ |
| | | | | | |
| | rity deposits and p | | made as that we was a set of | to an analysis for an analysis of the same | |
| Exan | nples: Agreements vo panies, or others | with landlords, prep | made so that you may continue serv aid rent, public utilities (electric, gas, | ice or use from a company water), telecommunications | |
| □ N | | | | | |
| Z Y | 'es | | nstitution name or individual: | | |
| | | | Duke Energy | | 475.00 |
| | | Gas: | | | a |
| | | Heating oil: | | | \$ |
| | | Security deposit on | rental unit: | | \$ |
| | | Prepaid rent: | | | \$ |
| | | Telephone: | | | \$ |
| | | Water: | | | \$ |
| | | Rented furniture: | | | \$ |
| | | Other: | | | \$ |
| | | <u>-</u> | | | \$ |
| 23. Ann ıı | ities (A contract for | a periodic navmer | t of money to you, either for life or for | a number of years) | |
| Z N | | - possour paymen | | a number of years) | |
| | es | Issuer name and de | escription. | | |
| | | | | | \$ |
| | | | | | \$ \$ |
| | | | | | \$ |

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| ebtor 1 | Robert First Name Middle N | E Last Name | Malke_ | Case number (if known) 8:16-bk-0844 | 46-KRM |
|---------------|--|---|---|--|---|
| | | | | | |
| 26 U.S.C | in an education IRA C. §§ 530(b)(1), 529A(t | | ı qualified ABLE program, o | r under a qualified state tuition program. | |
| Z No | | | | | |
| Yes | | Institution name and | d description. Separately file the | ne records of any interests.11 U.S.C. § 521(| c): |
| | | | | | \$ |
| | | | | | \$ |
| | | | | | Φ |
| | | | *************************************** | | a |
| | equitable or future int able for your benefit | terests in property | (other than anything listed i | n line 1), and rights or powers | |
| ZI No | | | | | |
| | Give specific | | | | |
| inforr | mation about them | | | | \$ |
| | | | | | |
| | | | and other intellectual prope eeds from royalties and licensi | | |
| _ | s. miernet domain nai | nes, websites, proce | eus nom royantes and noensi | ng agreements | |
| Z) No | - 1 a | | | | |
| | Give specific mation about them | | | | \$ |
| | | | | | |
| | s, franchises, and others: Building permits, ex | | | , liquor licenses, professional licenses | |
| ZÍ No | | | | | |
| | Give specific | | | The second secon | ··· |
| | mation about them | | | | \$ |
| ney or p | roperty owed to you | ? | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| Tay rofu | nds owed to you | | | | |
| ZI No | nas onea to you | | | | |
| | Give specific informat | ion | | | _ |
| | about them, including | whether | | Federal: | \$ |
| | you already filed the r and the tax years | | | State: | \$ |
| | and the tax years | *************************************** | | Local: | \$ |
| | | * | | | |
| amily s | support | | | | |
| xample | s: Past due or lump su | um alimony, spousal | support, child support, mainte | nance, divorce settlement, property settleme | ent |
| 🛮 No | | | | | |
| Yes. | Give specific informat | ion | | | |
| | | | | Alimony: | \$ |
| | | | | Maintenance: | \$ |
| | | | | Support: | \$ |
| | | | | Divorce settlement: | \$ |
| | | | | Property settlement: | \$ |
| Example | mounts someone ow es: Unpaid wages, disa Social Security ben | ibility insurance payr | | pay, vacation pay, workers' compensation, | |
| 🛮 No | | | | | |
| 🔲 Yes. | Give specific informat | ion | | | |
| | | | | | : • |

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| 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance No No No No No No No N | De | ebtor 1 | Robert First Name | Middle Name | Last Na | Malke | Case number (if known) 8:16-bk-08 | 446-KRM |
|---|-----|------------|---------------------------------|--|--------------|---|--|----------------------------|
| Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance 2 No | | | rast Name | middle Name | Last Na | me | | |
| Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance 2 No | 21 | Interest | he in incurance | noticies | | | | |
| Yes, Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or return's value. S S S S S S S S S | J1. | | | | rance; hea | alth savings account (HSA) | ; credit, homeowner's, or renter's insurance | |
| of each policy and list its value | | | | | | | | |
| \$ 2. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because permove has ded. No | | ☐ Yes. | | | Compa | any name: | Beneficiary: | Surrender or refund value: |
| 22. Any Interest in property that is due you from someone who has died If you are the beneficiary of all living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. 2 No 2 No 3 Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue 3 No 4 Yes. Describe each claim. 5 S 34 Other contingent and unliquidiated claims of every nature, including counterclaims of the debtor and rights to set of claims 2 No 3 Yes. Describe each claim. 5 S 34 Any financial assets you did not already list 4 No 5 Yes. Give specific information. 5 S 5 Any financial assets you did not already list 6 No 7 Yes. Give specific information. 5 S 6 Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here 5 S 7 Part 5 S 7 Describe Any Business-Related Property You Own or Have an Interest in. List any real estate in Part 1. 7 Do you own or have any legal or equitable interest in any business-related property? 6 No. Go to Part 6. 7 Yes. Go to line 38. 7 Current value of the portion you own? 7 Do or debout succeed claims or exemptions. 7 No 7 Yes. Describe. 7 S 8 Office equipment, furnishings, and supplies 8 Examples Business-related computers, software, moderns, printers, copiers, fax machines, rugs, telephones, desks, chains, electronic devices 8 No 9 Yes. Describe | | | o. 222 p 22, | | | | | \$ |
| If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive properly because someone has died. No | | | | | | | | \$ |
| If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive properly because someone has died. No | | | | | | - | | \$ |
| properly because someone has died. No Yes, Give specific information \$ | 32. | | | | | | | |
| Yes. Give specific information \$ | | If you are | e the beneficia because some | ry of a living trust cone has died. | t, expect p | roceeds from a life insurar | nce policy, or are currently entitled to receive | |
| Yes. Give specific information | | ☑ No | | | | | | |
| 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No Yes. Describe each claim | | Yes. | . Give specific i | nformation | | | | " |
| Examples: Accidents, employment disputes, insurance claims, or rights to sue No Yes. Describe each claim | | | | | | | | *** |
| Ves. Describe each claim | 33. | | | | | | | |
| Yes. Describe each claim. \$ 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims No Yes. Describe each claim. \$ 35. Any financial assets you did not already list No Yes. Give specific information. \$ 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here \$ 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. Yes. Go to line 38. Current value of the portion you own? Do not deduct secured claims or exemptions. 38. Accounts receivable or commissions you already earned No Yes. Describe. S S S 39. Office equipment, furnishings, and supplies Examples: Business-related computers, software, moderns, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices No No No No No No No N | | | es: Accidents, e | empioyment aispi | utes, insur | ance claims, or rights to si | ue | |
| to set off claims No Yes. Describe each claim No Yes. Give specific information | | | Describe each | claim | ••• | | en la companya di salah sa | |
| to set off claims No Yes. Describe each claim \$ 35. Any financial assets you did not already list No Yes. Give specific information \$ 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here \$ 11,408.00 No Part 5: Describe Any Business-Related Property You Own or Have an Interest in. List any real estate in Part 1. No So to Part 6. Yes. Go to line 38. Current value of the portion you own? Do not deduct secured claims or exemptions. So to Part 6. Yes. Describe Yes. Describe So to line 38. Current value of the portion you own? No Or open to the portion you own? No Yes. Describe So to line 38. Current value of the portion you own? No Yes. Describe So to line 38. So to line 38. Current value of the portion you own? No Yes. Describe So to line 38. So to line 38. Current value of the portion you own? No Yes. Describe So to line 38. So to line 38. Current value of the portion you own? No Yes. Describe So to line 38. So to line 38. Current value of the portion you own? No Yes. Describe So to line 38. Current value of the portion you own? No Yes. Describe So to line 38. Current value of the portion you own? No Yes. Describe So to line 38. Current value of the portion you own? No Yes. Describe So to line 38. Current value of the portion you own? No Yes. Describe So to line 38. Current value of the portion you own? No Yes. Describe So to line 38. Current value of the portion you own? No Yes. Describe So to line 38. Current value of the portion you own? No Yes. Describe So to line 38. Current value of the portion you own? No Yes. Describe So to line 38. Current value of the portion you own? Yes. Describe So to line 38. So to li | | | | | 1 | | | \$ |
| Yes. Describe each claim | 34. | Other co | ontingent and ff claims | unliquidated cla | aims of ev | ery nature, including co | unterclaims of the debtor and rights | |
| 35. Any financial assets you did not already list No | | ☑ No | | | | | | |
| 35. Any financial assets you did not already list 2 | | Yes. | Describe each | claim | | | | |
| No | | | | | | | | . 3 |
| No | ٥. | Amu Sima | | | | | | |
| Yes. Give specific information | | - | iriciai assets y | ou did not airea | • | | | |
| 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here | | | Give specific is | nformation | | | | |
| Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? ☑ No. Go to Part 6. ☐ Yes. Go to line 38. Current value of the portion you own? Do not deduct secured claims or exemptions. 38. Accounts receivable or commissions you already earned ☑ No ☐ Yes. Describe 39. Office equipment, furnishings, and supplies Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices ☐ No ☑ Yes Describe | | | | | 1 | | | * |
| Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. Yes. Go to line 38. Current value of the portion you own? | 36. | Add the | dollar value o | f all of your ent | ries from | Part 4, including any ent | tries for pages you have attached | |
| 37. Do you own or have any legal or equitable interest in any business-related property? ☑ No. Go to Part 6. ☐ Yes. Go to line 38. ☐ Current value of the portion you own? ☐ Do not deduct secured claims or exemptions. 38. Accounts receivable or commissions you already earned ☑ No ☐ Yes. Describe \$ | | for Part | 4. Write that n | umber here | ············ | | ••••• | \$11,408.00 |
| 37. Do you own or have any legal or equitable interest in any business-related property? ☑ No. Go to Part 6. ☐ Yes. Go to line 38. ☐ Current value of the portion you own? ☐ Do not deduct secured claims or exemptions. 38. Accounts receivable or commissions you already earned ☑ No ☐ Yes. Describe \$ | | | | | | | | |
| 37. Do you own or have any legal or equitable interest in any business-related property? ☑ No. Go to Part 6. ☐ Yes. Go to line 38. ☐ Current value of the portion you own? ☐ Do not deduct secured claims or exemptions. 38. Accounts receivable or commissions you already earned ☑ No ☐ Yes. Describe \$ | Do | rt 5: | Describe (| lmır Businssı | . Dalate | ad Basan andre Vers Co | | |
| ✓ No. Go to Part 6. ☐ Yes. Go to line 38. Current value of the portion you own? Do not deduct secured claims or exemptions. 38. Accounts receivable or commissions you already earned ✓ No ☐ Yes. Describe \$ 39. Office equipment, furnishings, and supplies Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices ☐ No ✓ Yes Describe | га | | Describe A | uny busines: | s-Relate | ea Property You Ow | /n or Have an Interest in. List any i | eal estate in Part 1. |
| ☐ Yes. Go to line 38. Current value of the portion you own? Do not deduct secured claims or exemptions. 38. Accounts receivable or commissions you already earned ☑ No ☐ Yes. Describe \$ 39. Office equipment, furnishings, and supplies Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices ☐ No ☑ Yes Describe | 37. | _ | | ny legal or equit | table inte | rest in any business-rela | ted property? | |
| Current value of the portion you own? Do not deduct secured claims or exemptions. 38. Accounts receivable or commissions you already earned No Yes. Describe 39. Office equipment, furnishings, and supplies Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices No Yes. Describe | | | | | | | | |
| portion you own? Do not deduct secured claims or exemptions. 38. Accounts receivable or commissions you already earned No Yes. Describe \$ 39. Office equipment, furnishings, and supplies Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices No Yes. Describe | | er res. | Go to line 38. | | | | | |
| or exemptions. 38. Accounts receivable or commissions you already earned No Yes. Describe 39. Office equipment, furnishings, and supplies Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices No Yes. Describe | | | | | | | | |
| 38. Accounts receivable or commissions you already earned No Yes. Describe 39. Office equipment, furnishings, and supplies Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices No Yes. Describe | | | | | | | | |
| ✓ No Yes. Describe 39. Office equipment, furnishings, and supplies Examples: Business-related computers, software, moderns, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices No Yes Describe | 38. | Account | s receivable o | r commissions | vou alrea | dv earned | | or oxompaons. |
| Yes. Describe\$ 39. Office equipment, furnishings, and supplies Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices No Yes Describe | | | | | - | - | | |
| 39. Office equipment, furnishings, and supplies Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices No Yes Describe | | 🔲 Yes. | Describe | | | The second se | | ! ! |
| Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices No Yes Describe | | | | | | | | \$ |
| ☐ No ☐ Yes Describe | | | | | | ns, printers, copiers, fax machi | nes, rugs, telephones, desks, chairs, electronic devices | |
| 200 00 | | | | | | | , | • |
| | | 🛭 Yes. | Describe | lesk, cabinet | work be | | | \$ 200.00 |

Official Form 106A/B

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| Debtor 1 | Robert First Name | E Middle Name Last Name | Malke | Case number (# known) 8:16-bk-0 | 8446-KRM |
|---------------------|----------------------|--|--|--|------------------------------|
| 40 Machin | one fixturos | equipment, supplies you use | . in hominon 1414 | | |
| | ery, nxtures, | equipment, supplies you use | in dusiness, and tools of | your trade | |
| □ No | | *************************************** | the state of the s | the second secon | |
| ¥2 Yes | s. Describe | Fork lift (non-operationa | ıl), misc tools | | \$600.00 |
| | | | | The second secon | |
| 41. Invento | ory | | | | |
| | Describe | | | | 000.00 |
| un res | . Describe | auto parts | | entre entre en | \$900.00 |
| 42. Interest | s in partners | hips or joint ventures | | | |
| ☑ No | | po or joint voitaroo | | | |
| | . Describe | Name of entity: | | | |
| | | Name of entity: | | % of ownership: | |
| | | | | % | \$ |
| | | | ······································ | <u></u> % | \$ |
| | | | | % | \$ |
| 43 Custom | ar liete maili | ng lists, or other compilation | _ | | |
| ₩ No | iei lists, main | ing rists, or other compliation | 8 | | |
| | . Do your list | s include personally identifial | ble information (as defined | lin 11 I I S.C. & 101/41A\\2 | |
| | □ No | | | 111 11 0.0.0. § 101(41/7/)1 | |
| | Yes. Des | cribe | | | * more |
| | | | | | \$ |
| | | Transmission and a second | | Commercial | |
| 44. Any bus | siness-related | d property you did not already | y list | | |
| ₩ No | | | | | |
| | . Give specific | ***** | | | \$ |
| | | | | | œ |
| | | | | | Ψ |
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |
| 45 Add the | dollar value | of all of your optrion from Do | | | |
| for Part | 5. Write that | of all of your entries from Par number here | nt o, including any entries | tor pages you have attached | \$1,700.00 |
| | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 7 | |
| | | | | | |
| Part 6: | Describe 4 | nv Farm, and Commercia | i Fiching Poloted Dues. | erty You Own or Have an Interest | _ |
| | if you own o | r have an interest in farmland | i, list it in Part 1. | erty fou Own or nave an interest | in. |
| | | | | | |
| 46. Do you c | own or have a | any legal or equitable interest | in any farm- or commerc | ial fishing-related property? | |
| ■ No. (| Go to Part 7. | | | | |
| ☐ Yes. | Go to line 47. | | | | |
| | | | | | Current value of the |
| | | | | | portion you own? |
| | | | | | Do not deduct secured claims |
| 47. Farm an | imais | | | | or exemptions. |
| Example | s: Livestock, p | oultry, farm-raised fish | | | |
| ₩ No | | | | | |
| Yes | | | The term of the control of the contr | | |
| | : | | | | |
| | | ent anno per la seguir e la companya de la company | the management of the second s | and the second of the second o | \$ |

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| Debtor 1 | Robert | E | <u>Malke</u> | Case number (if known) 8:16 | -bk-08446-KRM |
|-----------------------|---|--|--|--|------------------------|
| | First Name | Middle Name Last Name | | | |
| 48. Crops - | -either growing o | or harvested | | | |
| ☑ No | | | | | |
| | s. Give specific | | | | |
| info | ormation | and the control of the same state of the control of | to the first of the second section of the second se | ment to the second second many and the second secon | \$ |
| | | nent, implements, machinery, | fixtures, and tools of tr | rade | |
| ☑ No | s | | | entities with the experience was an experience of the experience o | |
| | | | | | |
| 50 Farm a | | | | and the second s | \$ |
| 50. Farm a | | es, chemicals, and feed | | | |
| | 3 | Sement of the control | | entre entre entre en entre | |
| | | | | | • |
| 51 Any far | rm- and commerci | al fishing-related property yo | u did not observe list | | |
| Z No | | | - | | |
| | s. Give specific | Control Contro | | | 1 |
| into | omation | Market and the state of the sta | en ere og var er | | \$ |
| 52. Add the | e dollar value of a | ll of your entries from Part 6, | including any entries fo | or pages you have attached | ¢ |
| for Par | t 6. Write that nun | nber here | | | → |
| | | | | | |
| Part 7: | Describe All | Property You Own or I | lave an Interest ir | n That You Did Not List A | hove |
| | | | | | |
| 53. Do you Example | I have other propers: Season tickets, co. | orty of any kind you did not all untry club membership | ready list? | | |
| ☑ No | | | | | |
| ☐ Yes | . Give specific | | | | \$0.00 |
| info | rmation | | | | \$ |
| | L. | the state of the s | | Commence of the commence of th | \$ |
| E4 Add the | dollar volue of al | l of vous outsing from Dard 7. I | Africa Alexa Arresto E | | s 0.00 |
| 54. Muu tile | donar value of a | or your entries from Part 7. | write that number here | | \$ 0.00 |
| | 1 | | | | |
| Part 8: | List the Tota | ils of Each Part of this | Form | | |
| 55 Part 1· 1 | Total real estate I | ine 2 | | | 1,700,000.00 |
| | | | | | \$ <u>1,700,000.00</u> |
| 56. Part 2: 1 | Total vehicles, line | 9 5 | \$6,0 | 00.00 | |
| 57. Part 3: 1 | Total personal and | d household items, line 15 | \$6 | 600.00 | |
| 58. Part 4: 1 | Total financial ass | ets, line 36 | \$ <u> </u> | 408.00 | |
| 59. Part 5: 1 | Total business-rel | ated property, line 45 | \$1,7 | 700.00 | |
| 60. Part 6: 1 | Total farm- and fis | hing-related property, line 52 | \$ | 0.00 | |
| 61. Part 7: 1 | Total other proper | ty not listed, line 54 | +\$ | 0.00 | |
| 62 Total no | ersonal property | Add lines 56 through 61 | e 21.7 | 708.00 Copy personal property t | 24 700 00 |
| po | property. / | mos oo tiirougii o ii | <u> </u> | copy personal property t | otal → +ş 21,708.00 |
| | | | | | 4 704 700 00 |
| 33. Total of | all property on So | chedule A/B. Add line 55 + line | 62 | | \$ 1,721,708.00 |
| | | | | | <u>L</u> |

| Fi | l in this inf | ormation to ident | ify your case: | | | | | | |
|-------------------------------------|--|--|--|--|--|--|--|--|------------------------------------|
| De | ebtor 1 | Robert | E | | Malke | | | | |
| De | ebtor 2 | First Name | Middle Name | | Last Name | | | | |
| | oouse, if filing) | First Name | Middle Name | | Last Name | | | | |
| Ur | | ankruptcy Court for the | | of Florida | | | | | |
| | ase number known) | 8:16-bk-08446 | 5-KRM | | | | | | Check if this is an amended filing |
| | | | | | | | | | amended limig |
| Of | ficial F | orm 106C | | | | | | | |
| S | ched | ule C: T | he Prop | perty | You | Claim a | s Exem | pt | 04/16 |
| Usir spa | ng the prope ce is neede | and accurate as p rty you listed on S d, fill out and attack case number (if kn | chedule A/B: Prop h to this page as n | perty (Official | Form 106/ | VB) as your source | e, list the property | that you claim a | s exempt. If more |
| spe of a retii limi wou | cific dollar ny applical rement func ts the exen ald be limite | amount as exemple statutory limit ds—may be unlimited to the applicable of the brope of the brop | pt. Alternatively, . Some exemptio nited in dollar am ular dollar amour le statutory amo | you may cla ons—such as nount. Howev nt and the va ount. | im the full those for er, if you lue of the | fair market value health alds, righ claim an exempti | of the property ts to receive cert on of 100% of fai | being exempted tain benefits, an ir market value | under a law that |
| | You an | of exemptions are claiming state and claiming federal of the comparison operty you list on | nd federal nonbani exemptions. 11 U | kruptcy exem J.S.C. § 522(b | ptions. 11 9)(2) | U.S.C. § 522(b)(3) | | | |
| | | cription of the prop A/B that lists this | | Current value portion you | | Amount of the e. | xemption you clai | im Specific I | aws that allow exemption |
| | | | | Copy the val Schedule A/ | | Check only one b | ox for each exemp | tion. | |
| | Brief description | . Primary F | Residence | \$1,700,0 | 00.00 | □ \$ | | | |
| | Line from Schedule | 4.4 | | | | ☑ 100% of fair | market value, up le statutory limit | to | |
| | Brief description | · · · · · · · · · · · · · · · · · · · | | \$ | | □ \$ | | | |
| | Line from Schedule | A/B: | | | | | market value, up l le statutory limit | to | |
| | Brief description | | | \$ | | □ \$ | | | |
| | Line from Schedule | | | 7 | | ☐ 100% of fair | market value, up t le statutory limit | to | |
| 3. | | aiming a homeste adjustment on 4/0 | | | | e filad on ar affac 4 | no date of adicat- | ant) | |
| | □ No | аајаэннеги он 4/0 | n is and every 3 | years after th | at IUF Cases | sined on or after th | ie date of adjustm | ient.) | |

Debtor 1

Robert E Malke

Case number (if known) 8:16-bk-08446-KRM

Part 2:

Additional Page

| | on of the property and line VB that lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption |
|----------------------------|--|--------------------------------------|---|------------------------------------|
| | | Copy the value from Schedule A/B | Check only one box for each exemption | |
| Brief description: | 2000 Ford Excursion | \$500.00 | | |
| Line from Schedule A/B: | 3.1 | | √ 100% of fair market value, up to any applicable statutory limit | **** |
| Brief description: | 2005 Ford Mustang | \$ | - \$ | |
| Line from Schedule A/B: | 3.2 | | √ 100% of fair market value, up to any applicable statutory limit √ 100% of fair market value, up to any applicable statutory limit √ 100% of fair market value, up to any applicable statutory limit √ 100% of fair market value, up to any applicable statutory limit √ 100% of fair market value, up to any applicable statutory limit √ 100% of fair market value, up to any applicable statutory limit √ 100% of fair market value, up to any applicable statutory limit √ 100% of fair market value, up to any applicable statutory limit √ 100% of fair market value, up to any applicable statutory limit √ 100% of fair market value √ 100% of fair market | |
| Brief description: | 1999 Ford F250 | \$5,000.00 | \$ | |
| Line from Schedule A/B: | 3.3 | | √ 100% of fair market value, up to any applicable statutory limit ✓ 100% of fair market value, up to any applicable statutory limit ✓ 100% of fair market value, up to any applicable statutory limit ✓ 100% of fair market value, up to any applicable statutory limit ✓ 100% of fair market value, up to any applicable statutory limit ✓ 100% of fair market value, up to any applicable statutory limit ✓ 100% of fair market value, up to any applicable statutory limit ✓ 100% of fair market value, up to any applicable statutory limit ✓ 100% of fair market value, up to any applicable statutory limit ✓ 100% of fair market value, up to any applicable statutory limit ✓ 100% of fair market value, up to any applicable statutory limit ✓ 100% of fair market value, up to any applicable statutory limit ✓ 100% of fair market value, up to any applicable statutory limit ✓ 100% of fair market value, up to any applicable statutory limit ✓ 100% of fair market value, up to any applicable statutory limit ✓ 100% of fair market value, up to any applicable statutory limit ✓ 100% of fair market value, up to any applicable statutory limit ✓ 100% of fair market value, up to any applicable statutory limit ✓ 100% of fair market value, up to any applicable statutory limit ✓ 100% of fair market value, up to any applicable statutory limit ✓ 100% of fair market value, up to any applicable statutory limit ✓ 100% of fair market value statutory limit ✓ 10 | |
| Brief description: | bicycle, tools | \$100.00 | \$ | |
| Line from Schedule A/B: | 9 | | ■ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | wedding ring | \$ 100.00 | <u></u> s | |
| Line from Schedule A/B: | 12 | | 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | Cash | \$10,000.00 | 10,000.00 3 | Reserved for Chapter 13 |
| Line from Schedule A/B: | 16 | | ☐ 100% of fair market value, up to any applicable statutory limit | Plan payments as needed |
| Brief description: | | \$ | | |
| Line from Schedule A/B: | | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | | \$ | - \$ | |
| Line from Schedule A/B: | | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | | \$ | \$ | |
| Line from Schedule A/B: | | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | | \$ | | |
| Line from Schedule A/B: | | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | | \$ | <u> </u> | |
| Line from Schedule A/B: | | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | | \$ | \$ | |
| Line from Schedule A/B: | | | ☐ 100% of fair market value, up to any applicable statutory limit | |

| Fill in this information to identify your case | se: | | | |
|--|--|---------------------------------------|--|---------------------------------------|
| Debtor 1 Robert E | Malke | | | |
| First Name Middle | Name Last Name | | | |
| Debtor 2 (Spouse, if filing) First Name Middle | Name Last Name | | | |
| United States Bankruptcy Court for the: Middle D | istrict of Florida | | | |
| Case number 8:16-bk-08446-KRM | | | _ | |
| (If known) | | | ☐ Check i amende | |
| | | | amendo | sa ming |
| Official Form 106D | | | | |
| Schedule D: Creditor | s Who Have Claims Secur | ed by Prop | erty | 12/15 |
| | If two married people are filing together, both are e | | | · · · · · · · · · · · · · · · · · · · |
| | y the Additional Page, fill it out, number the entries, | | | |
| | is named (in this map). | | | |
| 1. Do any creditors have claims secured t | • • • • | | | |
| ☑ No. Check this box and submit this for ☑ Yes. Fill in all of the information below | m to the court with your other schedules. You have noth | ing else to report on t | his form. | |
| Tes. Fin in all of the information below | • | | | |
| Part 1: List All Secured Claims | | | | |
| | | Column A | Column B | Column C |
| for each claim. If more than one creditor h | nore than one secured claim, list the creditor separately has a particular claim, list the other creditors in Part 2. habetical order according to the creditor's name. | Amount of claim Do not deduct the | Value of collateral that supports this | Unsecured portion |
| 2.4 | - | value of collateral. \$ 454,875.00 | claim s 1,700,000.00 | If any |
| Wells Fargo, N.A. | Describe the property that secures the claim: | \$ <u>434,673.00</u> | \$_1,700,000.00 | \$ |
| P.O. Box 10335 | Primary Residence-homestead | | | |
| Number Street | A fibrada Situation of the state of the stat | | | |
| | As of the date you file, the claim is: Check all that apply Contingent | | | |
| Des Moines IA 50306 | Unliquidated | | | |
| City State ZIP Code | Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only | An agreement you made (such as mortgage or secured | | | |
| Debtor 2 only Debtor 1 and Debtor 2 only | car loan) Statutory lien (such as tax lien, mechanic's lien) | | | |
| Debtor 1 and Debtor 2 only At least one of the debtors and another | Judgment lien from a lawsuit | | | |
| | Other (including a right to offset) | <u>.</u> | | |
| ☐ Check if this claim relates to a community debt | | | | |
| Date debt was incurred 07/27/1998 | Last 4 digits of account number 2 2 3 2 | 155 | | |
| 2.2 | Describe the property that secures the claim: | \$ | \$ | 3 |
| Creditor's Name | | | | |
| Number Street | | | | |
| | As of the date you file, the claim is: Check all that apply. | | | |
| | Contingent Unliquidated | | | |
| City State ZIP Code | Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only | An agreement you made (such as mortgage or secured) | | | |
| Debtor 2 only | car loan) | | | |
| Debtor 1 and Debtor 2 only | Statutory lien (such as tax lien, mechanic's lien) | | | |
| At least one of the debtors and another | ☐ Judgment lien from a lawsuit ☐ Other (including a right to offset) | | | |
| Check if this claim relates to a community debt | | - | | |
| Date debt was incurred | Last 4 digits of account number | L 454 075 00 | and a grown of the contract of | Strandsking, sampronis, i |

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| Debtor 1 | Robert | E | Malke | Case nun | nber (if known) 8:16-b | k-08446-KRM | |
|----------|---------------------------------------|--|---|------------------------|--|---|-------------------------|
| | First Name I | Middle Name | Last Name | | | | |
| | Additional Pag | | | | Column A | Column B | Column C |
| art 1: | _ | | eage, number them beginning with 2 | 2 followed | Amount of claim | Value of collateral | Unsecure |
| | by 2.4, and so fo | | age, number them beginning with 2 | .s, ronowed | Do not deduct the | that supports this claim | portion |
| | -,, | | | | value of collateral. | Claim | If any |
| | | | Describe the property that secures t | he claim: | \$ | \$ | \$ |
| Creditor | 's Name | | | | 1 | | |
| Number | Street | | | | | | |
| | | | | |] | | |
| | | | As of the date you file, the claim is: | Check all that apply. | | | |
| City | | State ZIP Code | ☐ Contingent☐ Unliquidated | | | | |
| Oily | | otate Zii Code | Disputed | | | | |
| Who ow | res the debt? Check | one | Nature of lien. Check all that apply. | | | | |
| _ | tor 1 only | one. | | | | | |
| | tor 2 only | | An agreement you made (such as mo car loan) | ntgage or secured | | | |
| | tor 1 and Debtor 2 only | , | Statutory lien (such as tax lien, mech | anic's lien) | | | |
| | ast one of the debtors | | Judgment lien from a lawsuit | | | | |
| ☐ Che | ak if this slaim valo | taa ta a | Other (including a right to offset) | | _ | | |
| | ck if this claim rela munity debt | tes to a | | | | | |
| | - | | Last Adiaba of account number | | | | |
| Date dei | bt was incurred | and the second s | Last 4 digits of account number | | garan kannaran ay an arangga ni na nangga ng kannaran ka | | sales and the sales are |
| | | | Describe the property that secures t | he claim: | \$ | \$ | \$ |
| Creditor | 's Name | | | | 7 | _ <u> </u> | Y |
| | | | | | | | |
| Number | Street | | | | j | | |
| | | | As of the date you file, the claim is: | Check all that apply. | | | |
| | | | Contingent | | | | |
| City | | State ZIP Code | Unliquidated Disputed | | | | |
| • | es the debt? Check | | • | | | | |
| | | one. | Nature of lien. Check all that apply. | | | | |
| _ | or 1 only or 2 only | | An agreement you made (such as mo | ortgage or secured | | | |
| | or 1 and Debtor 2 only | , | car loan) Statutory lien (such as tax lien, mechanism) | anic's lian) | | | |
| | ast one of the debtors | | Judgment lien from a lawsuit | allic s lielly | | | |
| ☐ Chec | ck if this claim rela | lan ta a | Other (including a right to offset) | | _ | | |
| | ck ii this claim relai munity debt | ies to a | | | | | |
| Data dal | ht was insurand | | Look & digita of passing minutes. | | | | |
| Date dei | bt was incurred | | Last 4 digits of account number | | | and the part of the court of the participation of | |
| | | | Describe the property that secures t | | 2 | e | e |
| Creditor | 's Name | | The property state of | | 7 | <u> </u> | Ψ |
| | <u> </u> | | | | | | |
| Number | Street | | | | | | |
| | | | As of the date you file, the claim is: | Check all that apply. | 3 | | |
| | | | Contingent | rice and a diet apply: | | | |
| City | | State ZIP Code | ☐ Unliquidated | | | | |
| | | | ☐ Disputed | | | | |
| Who ow | es the debt? Check | one. | Nature of lien. Check all that apply. | | | | |
| Debte | or 1 only | | An agreement you made (such as mo | rtaage or secured | | | |
| Debte | or 2 only | • | car loan) | | | | |
| Debte | or 1 and Debtor 2 only | • | Statutory lien (such as tax lien, mecha | anic's lien) | | | |
| At lea | ast one of the debtors | and another | Judgment lien from a lawsuit | | | | |
| | ck if this claim relat munity debt | es to a | Other (including a right to offset) | | - | | |
| | ot was incurred | | Last 4 digits of account number | | | | |
| | | | | | | ٦ | |
| A | dd the dollar valu | e of your entries | in Column A on this page. Write the | at number here: | _{\$454,873.00} | _ | |
| | | | add the dollar value totals from all | pages. | \$ 454,873.00 | | |
| W | rite that number h | ere: | | | φ <u></u> στ.υ.υυ | _{_{I}} | |

| Debtor 1 | Robert First Name Middle N | E | Malke | Case number (# known) 8:16-bk-08446-KRM |
|-------------------|--|----------------------------------|--|--|
| Part 2: | | Last Name Be Notified for a Deb | nt That You Already | v Lietad |
| Use this agency i | page only if you have o s trying to collect from more than one credito | others to be notified abo | ut your bankruptcy for to someone else, list th at you listed in Part 1, | a debt that you already listed in Part 1. For example, if a collection ne creditor in Part 1, and then list the collection agency here. Similarly, if list the additional creditors here. If you do not have additional persons to |
| | | | | On which line in Part 1 did you enter the creditor? |
| Name | • | | | Last 4 digits of account number |
| Numb | per Street | | · · · · · · · · · · · · · · · · · · · | |
| City | | State | ZIP Code | _ _ |
| | | Calo | Zii Oode | On which line in Part 1 did you enter the creditor? |
| Name |) | | ************************************** | Last 4 digits of account number |
| Numb | per Street | | | _ |
| ******* | | | | _ |
| City | | State | ZIP Code | |
| Nome | | | ************************************** | On which line in Part 1 did you enter the creditor? |
| Name | • | | | Last 4 digits of account number |
| Numb | er Street | | | _ |
| City | | State | ZIP Code | - - |
| | | | | On which line in Part 1 did you enter the creditor? |
| Name | | | | Last 4 digits of account number 2 2 3 2 |
| Numb | er Street | | | _ |
| City | | State | ZIP Code | - - |
| | | | | On which line in Part 1 did you enter the creditor? |
| Name | | | | Last 4 digits of account number |
| Numb | er Street | | | _ |
| City | | State | ZIP Code | - - |
| | | | | On which line in Part 1 did you enter the creditor? |
| Name | | | | Last 4 digits of account number |
| Numb | er Street | | | - |
| City | | State | ZIP Code | - - |
| | | Jiaig | AIT OUG | |

| Fí | ll in this in | formation to ide | ntify your case: | | | | | | |
|---------|------------------------------|--|---|------------|--|--|---------------------|-----------------|------------------|
| | abtas 1 | Robert | E | | Malke | | | | |
| " | ebtor 1 | First Name | Middle Name | | Last Name | - | | | |
| | ebtor 2 pouse, if filing) | First Name | Middle Name | | Last Name | | | | |
| | • | | | . . | | | | | |
| " | nited States i | | the: Middle District of | Florid | a | | | Choc | ck if this is an |
| | ase number (known) | 8:16-bk-0844 | 6-KRM | | <u> </u> | | | | nded filing |
| <u></u> | | | , , , , , , , , , , , , , , , , , , , | | | | | | |
| 01 | fficial F | orm 106E | :/F_ | | | | | | |
| S | chedu | ule E/F: C | Creditors V | Vho | Have Unse | cured Clain | ns | | 12/15 |
| List | t the other | party to any exe | cutory contracts or ι | unexpi | creditors with PRIORITY | sult in a claim. Also li | st executory co | ntracts on Se | chedule |
| cre | ditors with | partially secure | d claims that are list | ed in S | Executory Contracts and Executors Witness in the boxes on the | 'ho Have Claims Secui | red by Property | . If more space | ce is |
| any | additiona | l pages, write you | ur name and case nu | ımber | (if known). | s ion. Attach the Conti | nuauon raye t | o uns page. C | n the top of |
| Рa | rt 1: Lis | st All of Your P | RIORITY Unsecur | ed Cl | aims | | | | |
| | | | | | | ************************************** | | | |
| | No. Go | - | rity unsecured claim | ıs agaı | nst you? | | | | |
| | Yes. | | | | | | | | |
| 2. | List all of pach claim | your priority uns | ecured claims. If a cleat type of claim it is. If | reditor | has more than one priority and no | y unsecured claim, list the | he creditor sepa | rately for each | claim. For |
| | nonpriority | amounts. As muc | h as possible, list the | claims | in alphabetical order acco | ording to the creditor's n | ame. If you have | e more than tw | vo priority |
| | | | | | . If more than one creditor tions for this form in the in | | n, list the other c | reditors in Par | t 3. |
| | (i oi ali exp | Jianiadon or Cacin i | type of dailif, see the | 11130 00 | | istruction booklet.) | Total claim | Priority | Nonpriority |
| | Ì | | | | | | · our olulli | amount | amount |
| 2.1 | | | | Lac | t 4 digits of account numb | ha- | \$ | ę | ę |
| | Priority Cred | litor's Name | | Las | t 4 digits of account numl | oer | Ψ | . Ψ | _ |
| | Number | Street | | Wh | en was the debt incurred? | ······································ | | | |
| | | | | Δe | of the date you file, the cla | im is: Chack all that annu | | | |
| | | | | | Contingent | ann is. Oneok all that apply | 7 . | | |
| | City | | State ZIP Code | | Unliquidated | | | | |
| | | irred the debt? Ch | eck one. | - | Disputed | | | | |
| | Debtor | | | Tve | e of PRIORITY unsecure | ad alaim. | | | |
| | | 1 and Debtor 2 only | • | | | | | | |
| | | t one of the debtors | | | Domestic support obligations | | | | |
| | ☐ Check | if this claim is fo | r a community debt | | Taxes and certain other debt Claims for death or personal | | | | |
| | is the clai | im subject to offse | et? | | intoxicated | injury write you were | | | |
| | □ No | • | | | Other. Specify | · · · · · · · · · · · · · · · · · · · | _ | | |
| | ☐ Yes | negrous on entry year-nerves of the con- | and the commentation of the commentation of the | | and the state of t | | | | |
| 2.2 | | | | | t 4 digits of account num! | | | | |
| | Priority Cred | itor's Name | | | en was the debt incurred? | | \$ | . \$ | _ \$ |
| | Number | Street | | | | | | | |
| | | | | _ | of the date you file, the cla | nim is: Check all that apply | <i>t</i> . | | |
| | | | | | Contingent | | | | |
| | City | | State ZIP Code | | Unliquidated Disputed | | | | |
| | | rred the debt? Che | eck one. | | niaharaa | | | | |
| | Debtor Debtor | • | | Тур | e of PRIORITY unsecure | ed claim: | | | |
| | | 1 and Debtor 2 only | | | Domestic support obligations | | | | |
| | | t one of the debtors | | | Taxes and certain other debts | | | | |
| | | | r a community debt | | Claims for death or personal intoxicated | injury while you were | | | |
| | | m subject to offse | et? | | Other. Specify | | - | | |
| | □ No □ Ves | | | | | | | | |

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E Malke Case number (if known) 8:16-bk-08446-KRM Robert Debtor 1

| er listing any entries on this page, number then | n beginning with 2.3, followed by 2.4, and so forth. | Total claim | Priority amount | Nonprio amount |
|--|--|--------------------------------|---|--|
| | t act A digita of account your bay | \$ | \$ | \$ |
| Priority Creditor's Name | Last 4 digits of account number | Ψ | _ Ψ | Ψ |
| | When was the debt incurred? | | | |
| Number Street | Tillott trad alla dobt illocation. | | | |
| | As of the date you file, the claim is: Check all that apply. | | | |
| | | | | |
| | ☐ Contingent | | | |
| City State ZIP Code | ☐ Unliquidated | | | |
| Who incurred the debt? Check one. | ☐ Disputed | | | |
| _ | | | | |
| Debtor 1 only | Type of PRIORITY unsecured claim: | | | |
| Debtor 2 only | Domestic support obligations | | | |
| Debtor 1 and Debtor 2 only | ☐ Taxes and certain other debts you owe the government | | | |
| At least one of the debtors and another | Claims for death or personal injury while you were | | | |
| | intoxicated | | | |
| ☐ Check if this claim is for a community debt | Other. Specify | | | |
| In the claim authors to offer 12 | | | | |
| Is the claim subject to offset? | | | | |
| □ No | | | | |
| Yes | | | | |
| eranda eranda (h. 1905). En erandeza (h. 1906). Eranda eranda eranda eranda eranda eranda eranda eranda eranda Eranda | easemble of the market one cover on a medical term of the cover of the market of the cover of th | and the second of the property | en in eller ver av av en en | and the state of the state of |
| | Last 4 digits of account number | \$ | . \$ | \$ |
| Priority Creditor's Name | | | • | |
| | When was the debt incurred? | | | |
| Number Street | | | | |
| | As of the date you file, the claim is: Check all that apply. | | | |
| | · | | | |
| | ☐ Contingent | | | |
| City State ZIP Code | Unliquidated | | | |
| | ☐ Disputed | | | |
| Who incurred the debt? Check one. | | | | |
| Debtor 1 only | Type of PRIORITY unsecured claim: | | | |
| Debtor 2 only | ☐ Domestic support obligations | | | |
| Debtor 1 and Debtor 2 only | Taxes and certain other debts you owe the government | | | |
| At least one of the debtors and another | | | | |
| | Claims for death or personal injury while you were intoxicated | | | |
| ☐ Check if this claim is for a community debt | Other. Specify | | | |
| le the plain publicat to effect? | | | | |
| Is the claim subject to offset? | | | | |
| U No | | | | |
| Yes | Билите в претистивалите по боле и подрежения и подрежения и подрежения и подрежения и подрежения и подрежения | Amore a la legal de la colonia | The second second second second | rene e e e e e e e e e e e e e e e e e e |
| | | | | |
| Priority Creditor's Name | Last 4 digits of account number | \$ | _ \$ | _ \$ |
| Thomas ordano | | | | |
| Number Street | When was the debt incurred? | | | |
| Trainpoi Guot | As all the data was file the state to be for a line of | | | |
| | As of the date you file, the claim is: Check all that apply. | | | |
| | Contingent | | | |
| City State ZIP Code | ☐ Unliquidated | | | |
| | ☐ Disputed | | | |
| Who incurred the debt? Check one. | | | | |
| Debtor 1 only | Type of PRIORITY unsecured claim: | | | |
| Debtor 2 only | <u> </u> | | | |
| Debtor 1 and Debtor 2 only | Domestic support obligations | | | |
| | Taxes and certain other debts you owe the government | | | |
| At least one of the debtors and another | Claims for death or personal injury while you were | | | |
| ☐ Check if this claim is for a community debt | intoxicated | Lead to the complete control | growth and the state of the state of | magagagan garang an ang ang ang |
| | Other. Specify | | | |
| Is the claim subject to offset? | | | | |
| _ | | | | |
| □ No □ Vee | | | | |

Case 8:16-bk-08446-RCT Doc 13 Filed 10/14/16 Page 20 of 35 Case number (# known) 8:16-bk-08446-KRM Malke Robert Debtor 1 **List All of Your NONPRIORITY Unsecured Claims** Part 2: 3. Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2. Total claim Last 4 digits of account number 6 3 4 3 Capital One Venture One 1,106.13 Nonpriority Creditor's Name 09/16/2016 When was the debt incurred? Post Office Box 30285 Number Street Salt Lake City UT 84130 As of the date you file, the claim is: Check all that apply. ZIP Code Contingent **☑** Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only At least one of the debtors and another ☐ Student loans Obligations arising out of a separation agreement or divorce ☐ Check if this claim is for a community debt that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? Other Specify credit card No ☐ Yes Last 4 digits of account number When was the debt incurred? Nonpriority Creditor's Name Number As of the date you file, the claim is: Check all that apply. ZIP Code Contingent Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only ☐ Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce ☐ Check if this claim is for a community debt that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? Other, Specify ☐ No ☐ Yes Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. State ZIP Code Contingent Who incurred the debt? Check one. ■ Unliquidated Debtor 1 only Disputed Debtor 2 only Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans

Obligations arising out of a separation agreement or divorce that you did not report as priority claims Is the claim subject to offset? Debts to pension or profit-sharing plans, and other similar debts ☐ No Other. Specify

Yes

☐ Check if this claim is for a community debt

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Debtor 1

| leat Mana | Addd - Norse | L A NI | |
|-----------|--------------|--------|-------|
| Robert | | E | Malke |

Case number (if known) 8:16-bk-08446-KRM

| Part | 2. |
|------|----|
| rait | |

Your NONPRIORITY Unsecured Claims — Continuation Page

| After listing any entries on this page, number them beginning | g with 4.4, followed by 4.5, and so forth. Total claim |
|--|---|
| | Last 4 digits of account number |
| Nonpriority Creditor's Name | When was the debt incurred? |
| Number Street | As of the date you file, the claim is: Check all that apply. |
| City State ZIP Code | Contingent Unliquidated |
| Who incurred the debt? Check one. | Disputed |
| Debtor 1 only | - workers |
| Debtor 2 only | Type of NONPRIORITY unsecured claim: |
| Debtor 1 and Debtor 2 only | |
| At least one of the debtors and another | Student loans |
| ☐ Check if this claim is for a community debt | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |
| Is the claim subject to offset? | Debts to pension or profit-sharing plans, and other similar debts |
| □ No □ Yes | Other. Specify |
| | Last 4 digits of account number s |
| Nonpriority Creditor's Name | \$ |
| | When was the debt incurred? |
| Number Street | As of the date you file, the claim is: Check all that apply. |
| City State ZIP Code | |
| , State ZIP Gode | Contingent |
| Who incurred the debt? Check one. | Unliquidated |
| Debtor 1 only | ☐ Disputed |
| Debtor 2 only | Type of MONDPIODITY |
| Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured claim: |
| At least one of the debtors and another | Student loans |
| | Obligations arising out of a separation agreement or divorce that |
| Check if this claim is for a community debt | you did not report as priority claims |
| is the claim subject to offset? | Debts to pension or profit-sharing plans, and other similar debts |
| No | Other. Specify |
| Yes | |
| the state of the entropy of the state of the | Last 4 digits of account number |
| Nonpriority Creditor's Name | When was the debt incurred? |
| Number Street | As of the date you file, the claim is: Check all that apply. |
| City State ZIP Code | Contingent |
| Who incurred the debt? Check one. | Unliquidated |
| | ☐ Disputed |
| Debtor 1 only | |
| Debtor 2 only | Type of NONPRIORITY unsecured claim: |
| Debtor 1 and Debtor 2 only | Student loans |
| At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that |
| ☐ Check if this claim is for a community debt | you did not report as priority claims |
| · | Debts to pension or profit-sharing plans, and other similar debts |
| Is the claim subject to offset? | Other Specify |
| □ No | |
| ☐ Yes | |

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Debtor 1

Robert E Malke

Case number (if known) 8:16-bk-08446-KRM

Part 3:

List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

| Name | · · · · · · · · · · · · · · · · · · · | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
|--|--|---------------------------------------|--|--|
| Name | | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number | Street | | | Part 2: Creditors with Nonpriority Unsecured Claims |
| | | | | Last 4 digits of account number |
| City | | State | ZIP Code | |
| Name | ************************************** | | *************************************** | On which entry in Part 1 or Part 2 did you list the original creditor? |
| | | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number | Street | | | Part 2: Creditors with Nonpriority Unsecured Claims |
| City | | State | ZIP Code | Last 4 digits of account number |
| ······································ | a en sessentintalmente en en al en en en espetano e sur es se | State | ZIP CODE | |
| Name | · · · · · · · · · · · · · · · · · · · | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| | | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number | Street | | | Part 2: Creditors with Nonpriority Unsecured Claims |
| | | | | Last 4 digits of account number |
| City | | State | ZIP Code | |
| Name | | | · · · · · · · · · · · · · · · · · · · | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Month | | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number | Street | | | Claims Part 2: Creditors with Nonpriority Unsecured |
| City | | State | ZIP Code | Last 4 digits of account number |
| Name | | 7 | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Name | | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number | Street | | ··· · · · · · · · · · · · · · · · · · | Part 2: Creditors with Nonpriority Unsecured |
| | | | | Claims |
| City | | State | ZIP Code | Last 4 digits of account number |
| | | | The second secon | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Name | | | | _ |
| Number | Street | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured |
| | | · · · · · · · · · · · · · · · · · · · | | Claims — Tart 2. Greditors with Nonphority Onsecured |
| City | and the second s | State | ZIP Code | Last 4 digits of account number |
| Name | | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| | | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number | Street | | | Part 2: Creditors with Nonpriority Unsecured Claims |
| | | | | |
| City | | State | ZIP Code | Last 4 digits of account number |

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Debtor 1

Robert

Malke Last Name

Case number (if known) 8:16-bk-08446-KRM

Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

| | | | | i Otai Ciaim |
|---------------------------|------------|--|-------------------|--------------|
| Total claims | 6a. | Domestic support obligations | 6a. | \$ |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | +\$ |
| | 6e. | Total. Add lines 6a through 6d. | 6e. | \$ |
| | | | | |
| | | | | Total claim |
| otal claims | 6f. | Student loans | 6f. | Total claim |
| otal claims rom Part 2 | 6g. | Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| | 6g. 6h. | Obligations arising out of a separation agreement or divorce that you did not report as priority | 6f. 6g. 6h. | |
| | 6g. 6h. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other | 6g. | \$\$ |

| Debtor | Robert First Name | E Middle Name | Malke Last Name | - | |
|---|--|--|---|--|---|
| Debtor 2 (Spouse If filing) | First Name | Middle Name | Last Name | | |
| | | or the: Middle District of | | | |
| Case number | 0.16 ht 001 | | | | _ |
| (If known) | | | | | Check if this is a amended filing |
| | | | | | |
| Official I | Form 1060 | 3 | | | |
| ched | ule G: Ex | xecutory C | ontracts and U | nexpired Leases | 12/15 |
| | | | | er, both are equally responsible for | |
| example unexpire | , rent, vehicle le d leases. | son or company with v ase, cell phone). See | whom you have the contract on the instructions for this form in the | or lease. Then state what each contr ne instruction booklet for more exampl | ract or lease is for (for es of executory contracts ar |
| | or company with | whom you have the o | contract or lease | State what the contract or lease | is for |
| Name | | whom you have the o | contract or lease | State what the contract or lease | s is for |
| I | or company with | whom you have the | contract or lease | State what the contract or lease | is for |
| Name | | whom you have the o | contract or lease | State what the contract or lease | e is for |
| Name Number City | | | contract or lease | State what the contract or lease | e is for |
| Name Number | | | contract or lease | State what the contract or lease | is for |
| Name Number City | | | contract or lease | State what the contract or lease | e is for |
| Name Number City Name | Street | | contract or lease | State what the contract or lease | is for |
| Name Number City Name Number City City | Street | State ZIP Code | contract or lease | State what the contract or lease | is for |
| Name Number City Name Number City City | Street | State ZIP Code | contract or lease | State what the contract or lease | is for |
| Name Number City Name Number City City Name City Number | Street | State ZIP Code | contract or lease | State what the contract or lease | is for |
| Name Number City Name Number City Name Number City Name | Street | State ZIP Code State ZIP Code | contract or lease | State what the contract or lease | e is for |
| Name Number City Name Number City Name Number City Same Number City City City | Street | State ZIP Code | contract or lease | State what the contract or lease | is for |
| Name Number City Name Number City Name Number City S Name Number City | Street | State ZIP Code State ZIP Code | contract or lease | State what the contract or lease | is for |
| Name Number City Name Number City Name Number City Name Number | Street Street | State ZIP Code State ZIP Code | contract or lease | State what the contract or lease | is for |
| Name Number City Name Number City Name Number City Name Number City City | Street | State ZIP Code State ZIP Code | contract or lease | State what the contract or lease | is for |

Name

Number

City

Street

State

ZIP Code

2.5

Robert Malke 8:16-bk-08446-KRM Debtor 1 Additional Page if You Have More Contracts or Leases Person or company with whom you have the contract or lease What the contract or lease is for 2.2 Name Number Street City State ZIP Code 2._ Name Number City State ZIP Code

| Fill in this i | nformation to ide | ntify your case: | | |
|---|--|---|---|---|
| Debtor 1 | Robert | E | Malke | |
| Deploi i | First Name | Middle Name | Last Name | - |
| Debtor 2 (Spouse, if filing |) First Name | Middle Name | Last Name | |
| | • | | | |
| United States | , , | the: Middle District of Flor | ida | |
| Case number (If known) | 8:16-bk-0844 | 16-KRM | | |
| <u> </u> | | | | ☐ Check if this is an |
| 06 | - 4001 | | | amended filing |
| Oπiciai | Form 106H | <u>1</u> | | |
| Sched | ule H: Yo | ur Codebtor | 'S | 12/15 |
| 1. Do you h No Yes Within the Arizona, Yes. | the entries in the r (if known). Answ have any codebton he last 8 years, he California, Idaho, I Go to line 3. Did your spouse, for es. In which comme | boxes on the left. Attacher every question. rs? (If you are filing a joint ave you lived in a commu- couisiana, Nevada, New Moreomer spouse, or legal equestions. | case, do not list either spou inity property state or terri lexico, Puerto Rico, Texas, uivalent live with you at the t | tory? (Community property states and territories include Nashington, and Wisconsin.) |
| _ | | | | |
| C | City | State | ZIP Code | |
| shown ii Schedul Schedul | n line 2 again as a e D (Official Form | a codebtor only if that pe a 106D), Schedule E/F (O e G to fill out Column 2. | rson is a guarantor or cos | btor if your spouse is filing with you. List the person gner. Make sure you have listed the creditor on ledule G (Official Form 106G). Use Schedule D, Column 2: The creditor to whom you owe the debt |
| 3.1 Toro | - M-U | | | Check all schedules that apply: |
| Name | sa Malke | | | Schedule D, line 2.1 |
| | Bluff View Drive | • | | ☐ Schedule E/F, line |
| Number | Street air Bluffs | FL | 33770 | ☐ Schedule G, line |
| City | an Dians | State | ZIP Code | |
| 3.2 | | | | |
| Name | | | | Schedule D, line |
| FI | 01 | | | Schedule E/F, line |
| Number | Street | | | ☐ Schedule G, line |
| City | | State | ZIP Code | |
| 3.3 | | | | |
| Name | · · · · · · · · · · · · · · · · · · · | | | Schedule D, line |
| Number | Street | | | Schedule E/F, line |
| | | | | ☐ Schedule G, line |
| City | | State | ZIP Code | Li grammatani |

Debtor 1

| E | Malke | Case number (if known) 8:16-bk-08446-KRM |
|-------------|-----------|--|
| Middle Name | Last Name | Case Harrison (i Anomi) |
| Ñ | <u> </u> | L Waike |

| Column 1: Yo | our codebtor | | | Column 2: The creditor to whom you owe t | he deb |
|--------------|--------------|--|--|--|--------|
| | | | | Check all schedules that apply: | |
| Name | | | | Schedule D, line | |
| Trumo | | | | Schedule E/F, line | |
| Number | Street | | | Schedule G, line | |
| <u> </u> | | W | | | |
| City | | State | ZIP Code | | |
| Name | | | | Schedule D, line | |
| | | | | Schedule E/F, line | |
| Number | Street | | And the second s | ─ Schedule G, line | |
| City | | State | ZIP Code | _ | |
| | | 0.2. 0 | 211 0000 | | |
| Name | | | | Schedule D, line | |
| | | | | ☐ Schedule E/F, line | |
| Number | Street | | | Schedule G, line | |
| City | WH | State | ZIP Code | <u></u> | |
| , | | Cialo | ZIF GOGE | | |
| Name | | | * ***** | Schedule D, line | |
| | | | | ☐ Schedule E/F, line | |
| Number | Street | | | Schedule G, line | |
| City | | State | ZIP Code | | |
| Oily | | CIME | ZIP COGE | | |
| Name | | | | Schedule D, line | |
| | | | | Schedule E/F, line | |
| Number | Street | | | Schedule G, line | |
| City | | State | ZIP Code | _ | |
| | | | | | |
| Name | | ······································ | | Schedule D, line | |
| | | | | Schedule E/F, line | |
| Number | Street | | | Schedule G, line | |
| City | | State | ZIP Code | | |
| | | | | Schedule D, line | |
| Name | | | | Schedule E/F, line | |
| Number : | Street | | | Schedule G, line | |
| | | | | - | |
| City | | State | ZIP Code | _ | |
| | · | | | Schedule D, line | |
| Name | | | | Schedule E/F, line | |
| Number 5 | Street | | | Schedule G, line | |

| | - | | | _ | | |
|---|---|--|--|---------------------|--|---|
| Fill in this information to identif | | | | | | |
| Debtor 1 Robert First Name | E Middle Name | Malke Last Name | | | | |
| Debtor 2 | | | | | | |
| Spouse, if filing) First Name | Middle Name | Last Name | | | | |
| United States Bankruptcy Court for the | e: Middle District of Florida | | | ļ | | |
| Case number 8:16-bk-08446 | -KRM | | | | Check if | this is: |
| (If known) | | | | | 🗖 An ar | mended filing |
| | | | | | | oplement showing postpetition chapter 1 ne as of the following date: |
| Official Form 106I | | | | | MM / | DD / YYYY |
| chedule I: Yo | ur Income | | | | | 12/15 |
| applying correct information. If you are separated and your sp | you are married and not filir ouse is not filing with you, d ne top of any additional pag | ng jointly, and y lo not include in | our s _i forma | oouse i ition al | s living with oout your sp | tor 2), both are equally responsible for you, include information about your spou ouse. If more space is needed, attach a known). Answer every question. |
| Fill in your employment information. | | Debtor 1 | | <u> </u> | | Debtor 2 or non-filing spouse |
| If you have more than one job, | | Management and Property Associations were controlled | ************************************** | | nd December of the Control of the Co | |
| attach a separate page with information about additional | Employment status | ☑ Employed | | | | ☐ Employed |
| employers. | . • | ☐ Not employ | /ed | | | ✓ Not employed |
| Include part-time, seasonal, or self-employed work. | _ | Auto Approis | or | | | |
| Occupation may include studen or homemaker, if it applies. | Occupation t | Auto Apprais | oei. | | · · · · · · · · · · · · · · · · · · · | |
| | Employer's name | Gulfstream I | Moto | sport | 3 | |
| | Employer's address | Post Office F | ov c | 101 | | |
| | Linployer 5 address | Post Office E Number Street | SOX 2 | 124 | | Number Street |
| | | | | ···· | | |
| | | Largo | | FL | 33779 | |
| | | City | Sta | | Code | City State ZIP Code |
| | How long employed there | 2 yrs | - | | | 2 yrs |
| Part 2: Give Details Abou | it Monthly Income | | | | | |
| Estimate monthly income as a spouse unless you are separate If you or your non-filing spouse I below. If you need more space, | d. nave more than one employer, | , combine the info | | | | rite \$0 in the space. Include your non-filing for that person on the lines |
| , | | | | Fo | r Debtor 1 | For Debtor 2 or non-filing spouse |
| List monthly gross wages, sa deductions). If not paid monthly | nlary, and commissions (before a calculate what the monthly w | ore all payroll wage would be. | 2. | 2 | 0.00 | \$ 0.00 |
| | | | | A) | 0.00 | Ψ |
| Estimate and list monthly over | ertime pay. | | 3. | + \$ | | + \$ |

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Malke

Ε

Robert

| C | Debtor 1 | Robert First Name Middle | E Last Name | Malke | Case | number (if kno | _{wn)} 8:16-bk | <u>-08446-K</u> | RM |
|-----|----------------|--|---|---|-------------------------------|------------------------|-------------------------------|-----------------|------------------------------|
| | | C A STATE OF THE S | Last (valie) | | Columi Debtor | | Columi Debtor | _ | |
| | | | | | | | | ng spouse | |
| 7. | Interes | t, dividends, and roy | ralties | | \$ | 0.00 | \$ | 0.00 | |
| 8. | - | loyment compensati | | | \$ | 0.00 | \$ | 0.00 | |
| | | | ou contend that the amou ad, list it here: | nt received was a benefit und | ler | | | | |
| | Fory | you | | \$ | | | | | |
| | Fory | your spouse | | \$ | | | | | |
| 9. | | n or retirement incor under the Social Secu | | mount received that was a | \$ | 0.00 | \$ | 0.00 | |
| 10 | Do not receive | include any benefits re ed as a victim of a war tic terrorism. If necess | eceived under the Social crime, a crime against hi | ecify the source and amount. Security Act or payments imanity, or international or a separate page and put the | | | | | |
| | | | | | \$ | 0.00 | \$ | 0.00 | |
| | | | | | \$ | 0.00 | \$ | 0.00 | |
| | Total | amounts from separat | te pages, if any. | | + \$ | 0.00 | + \$ | 0.00 | |
| 11 | | | e monthly income. Add or Column A to the total fo | lines 2 through 10 for each or Column B. | \$2 | 2,500.00 | + s | 0.00 | = \$_2,500.00 Total average |
| | Copy y | | | 11 | | | | | \$ 2,500.00 |
| 13. | Calcula | ate the marital adjust | tment. Check one: | | | | | | |
| | ☐ You | ı are not married. Fill i | n 0 below. | | | | | | |
| | | | r spouse is filing with you | | | | | | |
| | | - | spouse is not filing with | • | | | | | |
| | you | or your dependents, or your dependents, or your dependents. | such as payment of the s | olumn B, that was NOT regul pouse's tax liability or the sp | arty paid for ouse's suppo | the househort of someo | old expenses one other tha | s of n | |
| | Bel list | ow, specify the basis t additional adjustments | for excluding this income s on a separate page. | and the amount of income do | evoted to ead | ch purpose. | If necessary | ' , | |
| | | nis adjustment does no | ot apply, enter 0 below. | | | | | | |
| | 0 | | | | \$_ | | | | |
| | | | | | \$ | | | | |
| | | | | | +_\$_ | | Fars | | |
| | Tota | al | | | \$_ _ | 0.00 | Copy here | → · | 0.00 |
| 14. | Your cu | urrent monthly incon | ne. Subtract the total in li | ne 13 from line 12. | | | | 1 1 1 | \$ 2,500.00 |
| 15. | | | thly income for the year | | | | | | |
| | 15a. Co | py line 14 here 👈 | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | ••••• | \$ 2,500.00 |
| | | | he number of months in a | | | | | | x 12 |
| | 15b. The | e result is your current | monthly income for the y | ear for this part of the form. | | | | | \$ <u>30,000.00</u> |
| | | | | | | | | | |

| Debtor 1 | Robert E Malke First Name Middle Name Last Name | | Ca | se number (if known | 8:16 | 6-bk-(| 08446-KF | RM | | |
|-----------------|--|-------------|----------|---------------------|------------------|-------------|--|-------------------|--------------------------|----------|
| | | | For | Debtor 1 | | | or 2 or spouse | | | |
| Сор | y line 4 here | → 4. | \$ | 0.00 | \$ | | 0.00 | | | |
| 5. List | all payroll deductions: | | | | | | | | | |
| 5a. | Tax, Medicare, and Social Security deductions | 5a. | \$ | 0.00 | \$ | | 0.00 | | | |
| | Mandatory contributions for retirement plans | 5b. | | 0.00 | \$ | | 0.00 | | | |
| 5c. | Voluntary contributions for retirement plans | 5c. | \$ | 0.00 | \$ | *** | 0.00 | | | |
| 5d. | Required repayments of retirement fund loans | 5d. | \$_ | 0.00 | \$ | | 0.00 | | | |
| 5e. | Insurance | 5e. | \$ | 0.00 | \$ | | 0.00 | | | |
| 5f. | Domestic support obligations | 5f. | \$ | 0.00 | \$ | | 0.00 | | | |
| 5g. | Union dues | 5g. | \$ | 0.00 | \$ | | 0.00 | | | |
| 5h. | Other deductions. Specify: | 5h. | +\$ | 0.00 | + s | | 0.00 | | | |
| 6. Ad | d the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h. | 6. | \$ | 0.00 | \$ | | 0.00 | | | |
| 7. Cal | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 0.00 | \$ | | 0.00 | | | |
| 8. List | all other income regularly received: | | | | , | | | | | |
| 8a. | Net income from rental property and from operating a business, profession, or farm | | | | | | | | | |
| | Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | \$ | 2,000.00 | \$_ | | 0.00 | | | |
| 8b. | Interest and dividends | 8b. | \$ | 0.00 | \$ | | 0.00 | | | |
| 8c. | Family support payments that you, a non-filing spouse, or a depende regularly receive | nt | - | | | | | | | |
| | Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | \$ | 0.00 | \$_ | | 0.00 | | | |
| | Unemployment compensation | 8d. | \$ | 0.00 | \$_ | | 0.00 | | | |
| | Social Security | 8e. | \$ | 0.00 | \$_ | | 0.00 | | | |
| | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | ice 8f. | \$ | 0.00 | æ | | 0.00 | | | |
| | | | Ψ | | Ψ_ | | | | | |
| _ | Pension or retirement income | 8g. | \$ | 0.00 | \$_ | | 0.00 | | | |
| 8h. | Other monthly income. Specify: Misc. work, sales, advertising | 8h. | +\$ | 700.00 | +\$_ | | 0.00 | | | |
| 9. Add | l all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. | 9. | \$ | 700.00 | \$_ | | 0.00 | | | |
| | ulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. | \$ | 2,700.00 | \$_ | | 0.00 | = \$. | 2,700.0 | <u>D</u> |
| Inclu | e all other regular contributions to the expenses that you list in Sched de contributions from an unmarried partner, members of your household, y ds or relatives. | | | nts, your roomn | nates, | and of | ther | | | |
| Do n Spec | ot include any amounts already included in lines 2-10 or amounts that are i | not av | /ailable | to pay expense | s liste | in Sc | | L a | 0.0 | n |
| • | the amount in the last column of line 10 to the amount in line 11. The | rae: 14 | ie the | ombined | | . | 11. 1 | ף \$ָ ה | 0.0 | <u>-</u> |
| Write | e that amount on the Summary of Your Assets and Liabilities and Certain S | tatisti | cal Info | mation, if it app | ily inco lies | ome. | 12. | \$ | 2,700.0 | <u></u> |
| 13. Do y | you expect an increase or decrease within the year after you file this f | orm? | | | | | | | ombined onthly income | ŀ |
| | Yes. Explain: increase due to anticipated sale of primary residue. | denc | e : | | | | ······································ | | | ٦ |

| F2.0 | | | | | | | | |
|----------------|------------------------|--|--------------------------------------|-----------------------------------|---|-------------------|---------------------------------------|---|
| - | | formation to identify | | | | | | |
| Debte | or 1 | Robert First Name | Middle Name | Malke Last Name | Check if t | this is: | | |
| Debto (Spou | or 2 se, if filing) | First Name | Middle Name | Last Name | ☐ An an | nended | filing | |
| Unite | d States f | Bankruptcy Court for the: | Middle District of Florida | | ☐ A sup | plement | showing post | petition chapter 13 |
| l | | 8:16-bk-08446-K | | | | | of the following | g date: |
| (if kno | | | | | MM / [| OD / YYY | Υ | |
| Offi | cial F | orm 106J | | | | | | |
| Sc | hed | ule J: Yo | ur Expens | es | | | | 12/15 |
| inform | ation. If | te and accurate as po f more space is need swer every question | ed, attach another she | people are fil et to this form | ing together, both are equally n. On the top of any additional | respons pages, | sible for supply write your nam | ing correct e and case number |
| Part | 1: | Describe Your Hou | ısehold | | | | | |
| 1. Is th | is a joir | it case? | | | | | | |
| | | to line 2. es Debtor 2 live in a s | separate household? | | | | | |
| | | | | | | | | |
| | | Yes. Debtor 2 must file | e Official Form 106J-2, E | Expenses for S | Separate Household of Debtor 2. | • | | |
| 2. Do y | ou have | e dependents? | □ No | | | | | A CONTRACTOR OF SERVICE AND A |
| | not list Do tor 2. | ebtor 1 and | Yes. Fill out this in each dependent | | Dependent's relationship to Debtor 1 or Debtor 2 | nadaliyas | Dependent's age | Does dependent live with you? |
| Do n nam | | the dependents' | | | son | | 19 | □ No ☑ Yes |
| | | | | | | | | ☐ No |
| | | | | | | | | Yes |
| | | | | | | | | ☐ No ☐ Yes |
| | | | | | | | | □ No |
| | | | | | | - . | | ☐ Yes |
| | | | | | | | | ☐ No |
| | | | | | | | · · · · · · · · · · · · · · · · · · · | ☐ Yes |
| | | enses include people other than | ☑ No | | | | | |
| | | your dependents? | ☐ Yes | | | | | |
| Part 2: | Est | imate Your Ongoi | ng Monthly Expense |)S | | | | |
| Estima | te your | expenses as of your | bankruptcy filing date | uniess you a | re using this form as a supple | ment in | a Chanter 13 c | ase to report |
| expens | ses as o | f a date after the ban | kruptcy is filed. If this | is a supplem | ental Schedule J, check the bo | ox at the | top of the form | and fill in the |
| | | | -cash government ass | | | | V | |
| | | | it on Schedule I: Your | | • | | Your exper | 18 9 \$ |
| any | rent for | the ground or lot. | xpenses for your resid | ence. Include | first mortgage payments and | 4. | \$ | 0.00 |
| | | ded in line 4: | | | | | | 0.00 |
| 4a. | | state taxes | | | | 4a . | \$ | 0.00 |
| 4b. | | ty, homeowner's, or re | | | | 4b. | \$ | 0.00 |
| 4C. | | maintenance, repair, a | | | | 4c. | \$ | 75.00 |
| 4d. | momed | wner's association or | condominium dues | | | 44 | œ. | 0.00 |

Debtor 1 Robert E Malke
First Name Middle Name Last Name

Case number (# known) 8:16-bk-08446-KRM

| | | | Your ex | penses |
|-----|---|------|----------|--------|
| 5 | Additional mortgage payments for your residence, such as home equity loans | 5. | \$ | 0.00 |
| 6 | | - | | |
| | 6a. Electricity, heat, natural gas | 6a. | \$ | 200.00 |
| | 6b. Water, sewer, garbage collection | 6b. | \$ \$ | 150.00 |
| | 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$ | |
| | 6d. Other. Specify: | 6d. | \$ | |
| 7. | | 7. | \$ | 400.00 |
| 8. | Childcare and children's education costs | 8. | \$ | 0.00 |
| 9. | Clothing, laundry, and dry cleaning | 9. | \$ | 0.00 |
| 10. | Personal care products and services | 10. | \$ | 0.00 |
| 11. | Medical and dental expenses | 11. | \$ | 0.00 |
| 12. | Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. | 12. | \$ | 225.00 |
| 13. | Entertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 0.00 |
| 14. | Charitable contributions and religious donations | 14. | \$ | 0.00 |
| 15. | Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | | - | |
| | 15a. Life insurance | 15a. | \$ | 0.00 |
| | 15b. Health insurance | 15b. | \$ | 0.00 |
| | 15c. Vehicle insurance | 15c. | \$ | 200.00 |
| | 15d. Other insurance. Specify: | 15d. | \$ | 0.00 |
| 16. | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. | | * | |
| | Specify: | 16. | \$ | 0.00 |
| 17. | Installment or lease payments: | | | |
| | 17a. Car payments for Vehicle 1 | 17a. | \$ | 0.00 |
| | 17b. Car payments for Vehicle 2 | 17b. | \$ | 0.00 |
| | 17c. Other. Specify: | 17c. | \$ | 0.00 |
| | 17d. Other. Specify: | 17d. | \$ | 0.00 |
| 18. | Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | \$ | 0.00 |
| 19. | Other payments you make to support others who do not live with you. | | Φ | 0.00 |
| | Specify: | 40 | r | 0.00 |
| 20. | Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom | 19. | \$ | 0.00 |
| | 20a. Mortgages on other property | | ¢ | 0.00 |
| | 20b. Real estate taxes | 20a. | \$ | |
| | 20c. Property, homeowner's, or renter's insurance | 20b. | \$ | |
| | 20d. Maintenance, repair, and upkeep expenses | 20c. | \$ | |
| | 20e. Homeowner's association or condominium dues | 20d. | \$ | |
| | 2 assessment of solutioning dues | 20e. | \$ | 0.00 |

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| Debtor | 1 Robert First Name | E Middle Name Last Name | Malke | Case number (# known)_8:1 | 16-bk-084 | 46-KRM |
|----------------|------------------------|--|---|---------------------------|--|---|
| 21. O f | ther. Specify: | | | 21. | +\$ | 0.00 |
| 22. C a | alculate your mont | thly expenses. | | | To IT had former to a street meaning protest | et e a servici de Mindres (1914), a frança emprena esta fraça de Artifeta de La comercia da |
| 22 | a. Add lines 4 throu | ugh 21. | | 22a . | \$ | 1,635.00 |
| 22 | b. Copy line 22 (mo | onthly expenses for Debtor 2 |), if any, from Official Form 10 | 96J-2 22b. | \$ | 0.00 |
| 22 | c. Add line 22a and | 1 22b. The result is your mon | thly expenses. | 22c. | \$ | 1,635.00 |
| 23. Cal | culate your month | nly net income. | | | | |
| 23a. | . Copy line 12 (yo | our combined monthly income | e) from Schedule I. | 23a . | \$ | 2,700.00 |
| 23b. | . Copy your month | hly expenses from line 22c a | bove. | 23b. | \$ | 1,635.00 |
| 23 c. | | onthly expenses from your marker in the second of the seco | nonthly income. | 23c. | \$ | 1,065.00 |
| | | | expenses within the year aft | | | |
| | | | r car loan within the year or dee of a modification to the term | | | |
| | | _{ere:} Chapter 13 plan pa | yments and associated | Bankruptcy Administrative | fees | |

| ill in this ir | nformation to iden | tify your case: | | | |
|-----------------------------|----------------------|-----------------------------|---------------------------------------|---|---------------------------------|
| ebtor 1 | Robert | E | Maike | | |
| | First Name | Middle Name | Last Name | | |
| ebtor 2 pouse, if filing |) First Name | Middle Name | Last Name | - [| |
| nited States | Bankruptcy Court for | the: Middle District of FI | lorida | | |
| ise number known) | 8:16-bk-0844 | 6-KRM | | | |
| | | **** | , , , , , , , , , , , , , , , , , , , | | Check if this is amended filing |
| | | | | | amended illing |
| Officia | ıl Form 106 | Dec | | | |
| | | | 1111 | | |
| Deci | aration | About an | individual L | ebtor's Schedules | 12/15 |
| f two mar | ried people are fili | ng together, both are | equally responsible for su | oplying correct information. | |
| /a | fila thia farm wha | navanvav fila hauluu | | schedules. Making a false statement, conceali | |
| ☑ No | u pay or agree to p | oay someone who is N | NOT an attorney to help you | i fill out bankruptcy forms? Attach Bankruptcy Petition Preparer's Notice, Declarati | ion and |
| | | | | Signature (Official Form 119). | on, and |
| that the | ey are true and co | I declare that I have rect. | x | edules filed with this declaration and | |
| Signatu | are of Debtor 1 | | Signature of Debtor | 2 | |
| Date | / 10/13/16 | _ | Date | | |
| | | | MM / DD / Y | YYY | |

UNITED STATES BANKRUPTCY COURT MIDDLE DISTRICT OF FLORIDA TAMPA DIVISION

| In re: | |
|-----------------|--|
| Robert E. Malke | Case No. 8:16-bk-08446-KRM Chapter 13 |
| Debtor / | |

Debtor's List of Creditors

(Secured)
Wells Fargo, N.A.
P.O. Box 10335
Des Moines, IA 50306

(Unsecured)
Capital One – Venture One
Post Office Box 30285
Salt Lake City, UT 84130

This document is deemed fled on 1014-14 pursuant to Local Flech 1012 governor by Larriagon flings.